

Unity Christian 2023-2024 Permission Slip / Medical Release / Liability Release

Note: Without a completed form, a student will not be allowed to attend activities sponsored by UCHS outside of Unity's campus.

PERMISSION

Student First Name	Student Middle Name	Student Last Name	
Address	City	State	Zip

I affirm that I am the parent/guardian of the student listed above and give permission for him/her to attend official school sanctioned events for 2023-2024 off of the Unity Christian campus.

_____ (initials)

MEDICAL RELEASE

Please list the minor's medical allergies, medical problems, medications being taken:

Please list insurance company name and policy #:

Parents/Guardians Name/s:	Parents/Guardians Phone Number:
_____	_____
_____	_____
Emergency Contact Name	Emergency Contact Phone Numbers:
_____	_____
_____	_____

I understand that, in the case that medical treatment is deemed necessary by any staff member or leader while at events, effort will be made to contact me at the phone numbers listed above if time permits. If I cannot be reached, however, or if time does not allow, I give permission to the staff or leaders of Unity Christian to secure the services of a licensed Physician to provide any care necessary, including anesthesia, for the well being of my son/daughter.

_____ (initials)

LIABILITY RELEASE

I have agreed in good faith to allow my son/daughter to be driven back and forth to participate in the events/activities of Unity Christian High School during the year 2023-2024, knowing that the staff and leaders are attempting to provide an event/activity that is beneficial to my son/daughter for whom I am legally responsible. With this understanding, I agree to forfeit any legal right to hold the officers, staff, and leaders of Unity Christian High School responsible for any accident that may occur to/from/during these services/events/activities. I understand that in the event the student for whom I am responsible causes damage or trauma to any person or property, that I will be financially and legally responsible for my son/daughter's behavior. I also understand that he/she may be expelled from an event/activity due to gross misconduct or inappropriate and disobedient behavior, that I will be financially and physically responsible for bringing him/her home.

_____ (initials)

Date: _____

Parent/Guardian Printed Names:	Parent/Guardian Signatures:
_____	_____
_____	_____